

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 10/09/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445114	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/27/2017
NAME OF PROVIDER OR SUPPLIER WESTMORELAND HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 5837 LYONS VIEW PIKE KNOXVILLE, TN 37919		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS	F 000	"This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Westmoreland Health and Rehabilitation does not admit that the deficiency listed on this form exist, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency."	10/20/17	
F 315 SS=D	483.25(e)(1)-(3) NO CATHETER, PREVENT UTI, RESTORE BLADDER (e) Incontinence. (1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. (2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary and (iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible.	F 315	<p><u>F315:</u> How the corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>The Foley Catheter was discontinued for resident #194 on September 3, 2017, prior to the Survey.</p> <p>How the facility will identify other Residents having the potential to be affected by the same deficient practice.</p> <p>An audit on all residents with indwelling urinary catheters will be completed by the Director of Nursing, Assistant Director of Nursing, or Nursing Supervisors by 9/27/17 to ensure all residents with an indwelling urinary catheter have an appropriate diagnosis.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 315	<p>Continued From page 1</p> <p>(3) For a resident with fecal Incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible. This REQUIREMENT is not met as evidenced by:</p> <p>Based on medical record review and interview, the facility failed to ensure medical justification, and obtain a physician's order for the use of a urinary catheter for 1 resident (#194) of 3 residents reviewed for urinary catheter use, of 31 sampled residents</p> <p>The findings included:</p> <p>Medical record review revealed Resident #194 was admitted to the facility on 6/26/17 with diagnoses including Hypothyroidism, Type 2 Diabetes, Urinary Tract Infection, Dyslipidemia, Aphasia, Overactive Bladder and Glioblastoma.</p> <p>Medical record review of the Admission Minimum Data Set (MDS) dated 7/3/17 revealed Resident #194 had an indwelling urinary catheter.</p> <p>Medical record review of Nurse's Notes dated 6/26/17 revealed "...Resident has [urinary] catheter 18fr [French]...Insertion date 6/22/17..."</p> <p>Medical record review of Admission Orders dated 6/26/17, sent from the hospital to the facility, revealed no documentation of an order of a urinary catheter.</p> <p>Medical record review of facility documentation revealed no order for Resident #194's urinary</p>	F 315	<p>What measure will be put in place or systemic changes made to ensure that the deficient practice will not recur.</p> <p>All licensed nurses will be in-serviced by the Director of Nursing explaining importance of notifying Medical Director to obtain an appropriate diagnosis for an indwelling urinary catheter if diagnosis is not present or obtain an order to discontinue the indwelling catheter. The in-servicing will be for 100% of licensed nurses and will be completed by 10/20/17. All new hired licensed nursing staff will receive in-servicing during their orientation period. The Director of Nursing, Assistant Director of Nursing, or Licensed Nursing Supervisors will complete a monthly indwelling urinary catheter audit monthly x 6 months to ensure compliance. The Director of Nursing or Assistant Director of Nursing will review all new admissions in the clinical meeting held daily (M-F) for the next 6 months and randomly thereafter where an indwelling urinary catheter is in place and the appropriate diagnosis is obtained.</p>		

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NAME OF PROVIDER OR SUPPLIER WESTMORELAND HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 6837 LYONS VIEW PIKE KNOXVILLE, TN 37919		
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F 315	Continued From page 2 catheter. Medical record review of Urinary Continence Evaluation dated 8/26/17 revealed no documentation of medical justification for the use of the urinary catheter. Interview with the Director of Nursing (DON) on 9/27/17 at 9:40 AM, in the facility class room, confirmed "...The physician does the orders on what hospital orders the resident comes with..." Continued interview confirmed the facility did not require an order for an urinary catheter. Interview with the DON on 9/27/17 at 10:40 AM in the DON's office, confirmed "...Don't need a cath (catheter) order like if a resident came with a trach we would just follow those previous orders..." Interview with the MDS Coordinator on 9/27/17 at 11:08 AM, in the facility classroom, confirmed an overactive bladder was not an indication for use of an urinary catheter based upon MDS guidelines. Interview with the Regional Quality Specialist on 9/27/17 at 11:15 AM, in the facility classroom, confirmed the facility failed to provide a medical justification for Resident #194's [urinary] catheter.	F 315	How the facility will monitor its corrective actions to ensure the deficient practice is being corrected and will not recur. The Director of Nursing or Assistant Director of Nursing will present findings of the Indwelling Urinary Catheter Audit to the Quality Assurance Performance Improvement Committee (members include: Committee Chairperson -- Administrator; Director of Nursing; Medical Director; Dietary Director; Pharmacy Representative; Social Services Director; Activities Director; Environmental Director/ Safety Representative; Infection Control Representative/Staff Development Coordinator; Rehabilitation Director; Certified Nursing Assistant, and Medical Records Director) for further suggestions and/or follow up as needed each month for the next 6 months.		
F 431 SS=D	483.45(b)(2)(3)(g)(h) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g) of this part. The facility may permit unlicensed personnel to administer drugs if State	F 431	F431: How the corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.	10/20/17	

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F 431	<p>Continued From page 4</p> <p>controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on review of facility policy, observation, and interview, the facility failed to separate medications and food in 1 of 3 medication refrigerators.</p> <p>The findings included:</p> <p>Review of the facility policy Storage of Medications, revised 4/2007, revealed "...medications requiring refrigeration must be stored in a refrigerator located in the drug room at the nurses' station or other secured location... Medications must be stored separately from food and must be labeled accordingly..."</p> <p>Observation with Licensed Practical Nurse #1 on 9/27/17 at 10:55 AM, in the 100 Medication Storage Room, revealed in the locked medication refrigerator, 2 cartons of liquid nutritional supplement, 1 bowl of pudding, and 1 large box of white wine. Further observation revealed medications including narcotics stored in the refrigerator.</p> <p>Interview with the Director of Nursing on 9/27/17 at 11:00 AM, in the Conference Room, confirmed the facility failed to store medications separately from food in the medication refrigerator.</p>	F 431	<p>The pudding/nutritional supplements were removed and placed into the nutritional refrigerators on 9/27/17. The Wine (considered a drug = alcohol) was left in place because of request from family.</p> <p>How the facility will identify other Residents having the potential to be affected by the same deficient practice.</p> <p>All refrigerators for medications were inspected on 9/27/17 to ensure no non-medications were stored.</p> <p>What measure will be put in place or systemic changes made to ensure that the deficient practice will not recur.</p> <p>All licensed nurses will be in-serviced by the Director of Nursing explaining importance of ensuring that only medications requiring refrigeration will be stored in the medication refrigerator. The in-services will be for 100% of licensed nurses by 10/20/17 and all new-hires will receive training during their orientation period. The Director of Nursing or Assistant Director of Nursing will monitor the medication refrigerators (beginning 10/2/17) 3 times per week times 4 weeks, then weekly times 4 weeks, then monthly times 2 months then randomly thereafter.</p>		

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Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN4702	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/27/2017
NAME OF PROVIDER OR SUPPLIER WESTMORELAND HEALTH AND REHABILITAT		STREET ADDRESS, CITY, STATE, ZIP CODE 5837 LYONS VIEW PIKE KNOXVILLE, TN 37919		
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N 002	1200-8-6 No Deficiencies During the Licensure survey conducted on September 25-27, 2017, at Westmoreland Health and Rehabilitation, no deficiencies were cited under chapter 1200-8-6, Standards for Nursing Homes.	N 002	How the facility will monitor its corrective actions to ensure the deficient practice is being corrected and will not recur. Results of the Medication Refrigerator Audit will be reported to Quality Assurance Performance Improvement Committee (members include: Committee Chairperson ~ Administrator; Director of Nursing; Medical Director; Dietary Director; Pharmacy Representative; Social Services Director; Activities Director; Environmental Director/ Safety Representative; Infection Control Representative/Staff Development Coordinator; Rehabilitation Director; Certified Nursing Assistant, and Medical Records Director) for further suggestions and/or follow up as needed monthly for the next 4 months.	

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

L2NH11

If continuation sheet 1 of 1